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JOSEPH A. JACHIMCZYK, M.D., J.D.  
FORENSIC PATHOLOGIST  
ATTORNEY AT LAW  
CHIEF MEDICAL EXAMINER



228-8311  
EXT. 671 (DAY)  
EXT. 212 (NIGHT)

OFFICE OF THE MEDICAL EXAMINER  
OF HARRIS COUNTY

HARRIS COUNTY COURT HOUSE  
HOUSTON, TEXAS 77002

AUTOPSY REPORT

CASE 73 - 3336

August 10, 1973

PATHOLOGICAL DIAGNOSIS ON THE BODY  
OF

Wally Jay Simoneaux  
3405 North Shepherd Drive, #207  
Houston, Texas

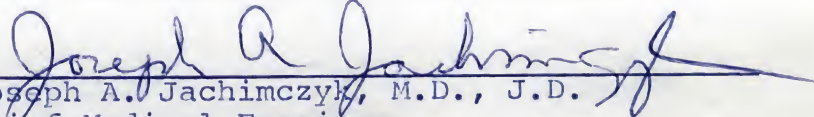
Asphyxia due to strangulation.

OPINION

It is our opinion that the decedent,  
Wally Jay Simoneaux, came to his death  
as a result of asphyxia due to strangulation,  
Homicide.

It is our further opinion that death occurred  
on or about October 4, 1972.

COMMENT: The family was notified on  
August 15, 1973.

  
Joseph A. Jachimczyk, M.D., J.D.  
Chief Medical Examiner

(See Companion Cases 73 - 3332, 73-3333, 73-3334, 73-3335, 73-3337  
73-3338, 73-3339, 73-3347, 73-3348, 73-3349, 73-3350, 73-3353,  
73-3354, 73-3355, 73-3356 and 73-3357).

## POSTMORTEM EXAMINATION ON THE BODY OF

Wally Jay Simoneaux  
3405 North Shepherd Drive, #207  
Houston, Texas

**HISTORY:** The skeletal remains of this unidentified young male teenager (Unknown #5) was one of the eight bodies recovered at 4500 Silverbell Street, Houston, Texas, Stall #11, between 6:00 p.m. and midnight on August 8, 1973. These remains were found together with the remains of Unknown #6, Unknown #7 and Unknown #8 from the same grave site. (See Companion Cases 73 - 3332, 73-3333, 73-3334, 73-3335, 73-3337, 73-3338, 73-3339, 73-3347, 73-3348, 73-3349, 73-3350, 73-3353, 73-3354, 73-3355, 73-3356 and 73-3357.)

**AUTOPSY:** The autopsy was performed by Chief Medical Examiner Joseph A. Jachimczyk, M.D., assisted by Assistant Medical Examiner Ethel E. Erickson, M.D., and Dr. Paul G. Stimson, beginning at 11:00 a.m. on August 10, 1973, in the Harris County Morgue.

**EXTERNAL APPEARANCE:** The skeletal remains include a skull, various bones, and very little recognizable soft tissue. There were strands of brown hair. A fragment of fractured hyoid bone was recovered. There were fragments of green shorts. A small fragment of this material was embedded in the left pelvis. On the left lower extremity, there was a small amount of attached decomposing soft tissue, including skin. Complete X-rays of all the submitted material did not reveal any presence of any radio-opaque objects such as bullets.

Remains of this individual were found in a common grave containing the skeletal remains of four persons. There was considerable intermingling of the skeletons at the time they were found. The skull was representative of a Caucasian, age 14 years. The long bones were consistent with the body of an individual with a height of 5 feet, 4 inches and a weight of 100 pounds. The long bones were segregated on the criteria of their length, as well as on the basis of short wave length ultra violet florescence. The bones were as follows: Skull, intact; Three upper or mid thoracic vertebrae; all of these showed billowy surfaces of the centrum with no evidence of an epiphysis. The epiphyses of the transverse processes were missing (fusion state 0). These bones were intact. Lumbar vertebrae L-1, L-2, and L-3; these also showed very billowy surfaces on the centrum and the epiphyses of the lateral processes spine were not present. These were intact. Right ribs 2, 3, 4, 5, 6, 7, 8, 9, and 10; Left ribs 3, 5, 6, 7, 8, 9, 10, and 11; Right ribs and left

scapulae, showing stage 0 fusion of all epiphyses. No epiphyseal bone was identified in the remains. Right and left ilium; these were not fused to the ischium and pubis. The epiphysis of the superior rim showed stage 0 fusion. Right and left ischium and pubis; there was stage 4 fusion of the ischium to the pubis at the inferior ramal junction. There was no fusion, superiorly. Right and left clavicles; the distal medial epiphyses were missing, showing stage 0 fusion. Right and left femurs; all epiphyses were missing, showing stage 0 fusion. The right and left femoral capital epiphyses were present and fit exactly to the shaft. The right and left greater trochanteric epiphyses were present and matched perfectly to the shaft. The right distal femoral conjoint epiphysis was present and matched to the shaft. Right and left tibias; these showed stage 0 fusion of the proximal and distal epiphyses. The epiphyseal bone was not identified in the remains. Right fibula; the proximal and distal epiphyses were missing. Right and left humeri; the capital epiphyses were missing. There was stage 0 fusion at the epiphyseal line. A portion of the distal epiphysis of the right humerus was rather loosely attached. A portion of the left distal epiphysis was present in a separate specimen. Right radius; the proximal and distal epiphyses were missing. Left ulna; the proximal and distal epiphyses were missing. All of the foregoing bones were intact, showing no evidence of trauma.

DENTAL EXAMINATION

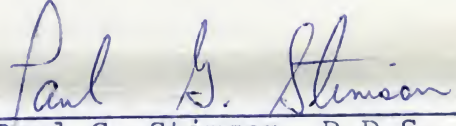
The charting was made by the Universal System; upper right #1 through 16 and lower right #17 through 32. Both upper third molars were in their crypts unerupted. The upper right first molar (tooth number 3) had been extracted. The upper right second molar (tooth number 2) was in contact with the upper right second bicuspid (tooth number 4). There was an occlusal composite filling in tooth number 2. There was an occlusal composite filling in the upper right second bicuspid (tooth number 4). The upper left first molar had been extracted. The left second molar (tooth number 15) had drifted towards the mid line. There was a composite occlusal filling in the same tooth. No mandible was present in this case. The occlusal composite fillings were adaptic filling material.

The following teeth were avulsed; numbers 5, 6, 7, 8, 9, 10, 11, 12, and 13.

The antemortem dental records of Dr. James Moya, 5608-1/2 Yale Street, Houston, Texas, telephone number 697-2731, showed composite adaptic fillings were the same in outline as tooth number 2, 4, and 15, and that the upper right and left first molars had been extracted.

Positive identification was made on the fact of the 27 cases, this was the only one that had adaptic occlusal fillings and the matching extracted teeth. This comprised 5 points of comparison.

In view of the above findings, it is our opinion, based upon a reasonable medical probability, that the decedent, Unknown #5, our Case 73 - 3336, is Wally Jay Simoneaux.

  
Paul G. Stimson, D.D.S., M.S.

Autopsy

INVESTIGATOR'S REPORT

Investigator: L. C. Kelly

~~View~~

Case No. 73 - 3336

Decedent: Wally Jay Simoneaux Race W Sex M Age 14

Address: 3405 North Shepherd Drive, #207, Houston, Texas

Death: FOUND August 8, 1973 Approx. Time 10:45 ~~XXX~~  
P.M.

Place of Death: 4500 Silverbell Street, Houston, Texas, Stall #11

Place of Inquest: 4500 Silverbell Street, Houston, Texas, Stall #11

Date and Time of Inquest: August 8, 1973 10:45 ~~XXX~~  
P.M.

Location, Position, and Surroundings of Body:

The decedent was lying in grave #3 with rotted fragments of clothing still on the body. Grave #3 was in the south end of Stall #11.

Clothing:

Information: The clothing consisted of rotten fragments of two boots and pants.

This was a related case to Medical Legal Case 73 - 3329.

(See Companion Cases 73 - 3332, 73-3333, 73-3334, 73-3335, 73-3337, 73-3338, 73-3339, 73-3347, 73-3348, 73-3349, 73-3350, 73-3353, 73-3354, 73-3355, 73-3356 and 73-3357).

L. C. Kelly  
L. C. Kelly *LV*

Property: There was no property involved.

Transferred to Morgue by: Brookwood Funeral Home, Houston, Texas

Funeral Home Conducting Service: Earthman Funerals, Houston, Texas

1. PLACE OF DEATH a. COUNTY <b>Harris</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b>			b. COUNTY <b>Harris</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>			c. LENGTH OF STAY in 1 b.			c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>4500 Silverbell, Stall #11</b>			d. STREET ADDRESS (If rural, give location) <b>3405 N. Shepherd - Apt. 207</b>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>			f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)		(a) First <b>Wally</b>	(b) Middle <b>Jay</b>	(c) Last <b>Simoneaux</b>		4. DATE OF DEATH <b>Found 8-8-73</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 30, 1958</b>	9. AGE (In years last birthday) <b>15</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Junior High School</b>		11. BIRTHPLACE (State or foreign country) <b>Houston, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Wallace J. Simoneaux, Jr.</b>				14. MOTHER'S MAIDEN NAME <b>Mildred Hebert</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Wallace J. Simoneaux, Jr.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia due to strangulation.</b>								INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b)								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Strangled.</b>					
20c. TIME OF INJURY <b>UNK</b>	Hour	Month <b>8</b>	Day <b>8</b>	Year <b>73</b>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>#11 4500 Silverbell, Stall/</b>		20f. CITY, TOWN, OR LOCATION <b>Houston</b>		COUNTY <b>Harris</b>		STATE <b>Texas</b>
21. I hereby certify that I attended the deceased from <b>found</b> to _____, 19____ and last saw the deceased alive <b>from autopsy findings</b> . Death occurred at <b>8-8-73</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Joseph A. Jachimczyk, M.D.</i> <b>Joseph A. Jachimczyk, M.D.</b>				22b. ADDRESS <b>209 Courthouse Houston, Texas</b>		22c. DATE SIGNED <b>8-23-73</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <b>Holy Sepulchre</b>			
23d. LOCATION (City, town, or county) <b>Houston,</b>			(State) <b>Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Earthman Funerals-</b>			
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR			25c. REGISTRAR'S SIGNATURE			

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112. REV. 1/58

3336

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# AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH

TEXAS DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

3336

**PART I. INFORMATION CONCERNING DECEASED AS SHOWN ON ORIGINAL DEATH CERTIFICATE**

NAME OF DECEASED <p style="text-align: center; font-size: 1.2em;">Wally Jay Simoneaux</p>	DATE OF DEATH <p style="text-align: center; font-size: 1.2em;">Found 8-8-73</p>
PLACE OF DEATH <p style="text-align: center; font-size: 1.2em;">(found) 4500 Silverbell, Stall #11, Houston</p>	STATE FILE NO. (IF KNOWN)

**PART II. MEDICAL CERTIFICATION**

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia due to strangulation.</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <p style="text-align: center; font-size: 1.2em;">Strangled.</p>
20c. TIME OF INJURY Hour: UNK a.m. / p.m. Month: 8 Day: 8 Year: 73	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (about home, firm, factory, street, office building, etc.) <p style="text-align: center; font-size: 1.2em;">found (found) #11 4500 Silverbell, Stall/</p>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <p style="text-align: center; font-size: 1.2em;">Houston Harris Texas</p>
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21. I hereby certify that I attended the deceased from _____ found _____ 19____ and last saw the deceased alive on _____ from autopsy findings, 19____. Death occurred at <b>8-8-73</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Name or title) <p style="font-size: 1.2em;">Joseph A. Jachimczyk, M.D.</p>	22b. ADDRESS <p style="text-align: center; font-size: 1.2em;">209 Courthouse Houston, Texas</p>	22c. DATE SIGNED <p style="text-align: center; font-size: 1.2em;">10-10-73</p>

**PART III. AFFIDAVIT**

STATE OF TEXAS

COUNTY OF Harris

BEFORE ME ON THIS DAY APPEARED THE PERSON WHO SIGNED THE MEDICAL CERTIFICATION IN PART II ABOVE WHO ON OATH DEPOSES AND SAYS THAT PART II ABOVE IS A TRUE AND CORRECTED STATEMENT OF THE CAUSE(S) OF DEATH OF THE PERSON NAMED IN PART I ABOVE.

SIGNATURE OF AFFIANT: Joseph A. Jachimczyk

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 11<sup>th</sup> DAY OF October, 19 73.

NOTARY PUBLIC IN AND FOR Harris COUNTY, TEXAS

VS - 174, REV. 1/60

STATE OF TEXAS )

73-3336

( TO THE HARRIS COUNTY MEDICAL EXAMINER  
COUNTY OF HARRIS)

BEFORE ME, the undersigned authority, on this date,  
personally appeared the undersigned  
Affiant, who after being duly sworn by  
me did depose and sayeth:

Wallace J. Simoneaux JW. 862 ~~5145~~ 5145  
Name Telephone Number

3405 No. Shepherd Apt. 207  
Address

Bears the relationship of: ~~Husband, Wife, Mother,~~  
~~Brother, Sister, Son, Daughter~~ or other (Describe) \_\_\_\_\_  
to the deceased Wally Jay Simoneaux

3405 No. Shepherd Apt. 207  
Address

Medical Legal No. \_\_\_\_\_ Race M Sex W Age \_\_\_\_\_

I hereby authorize EARTHMAN FUNERALS to receive the body  
of the deceased from the Harris County Medical Examiner

Wallace J. Simoneaux JW.  
Affiant

This Instrument was sworn to and subscribed before me  
this 16th of August 19 73.

Lee Ann Hyde  
Notary Public in and for  
Harris County, Texas



My Commission Expires:

6-1-75